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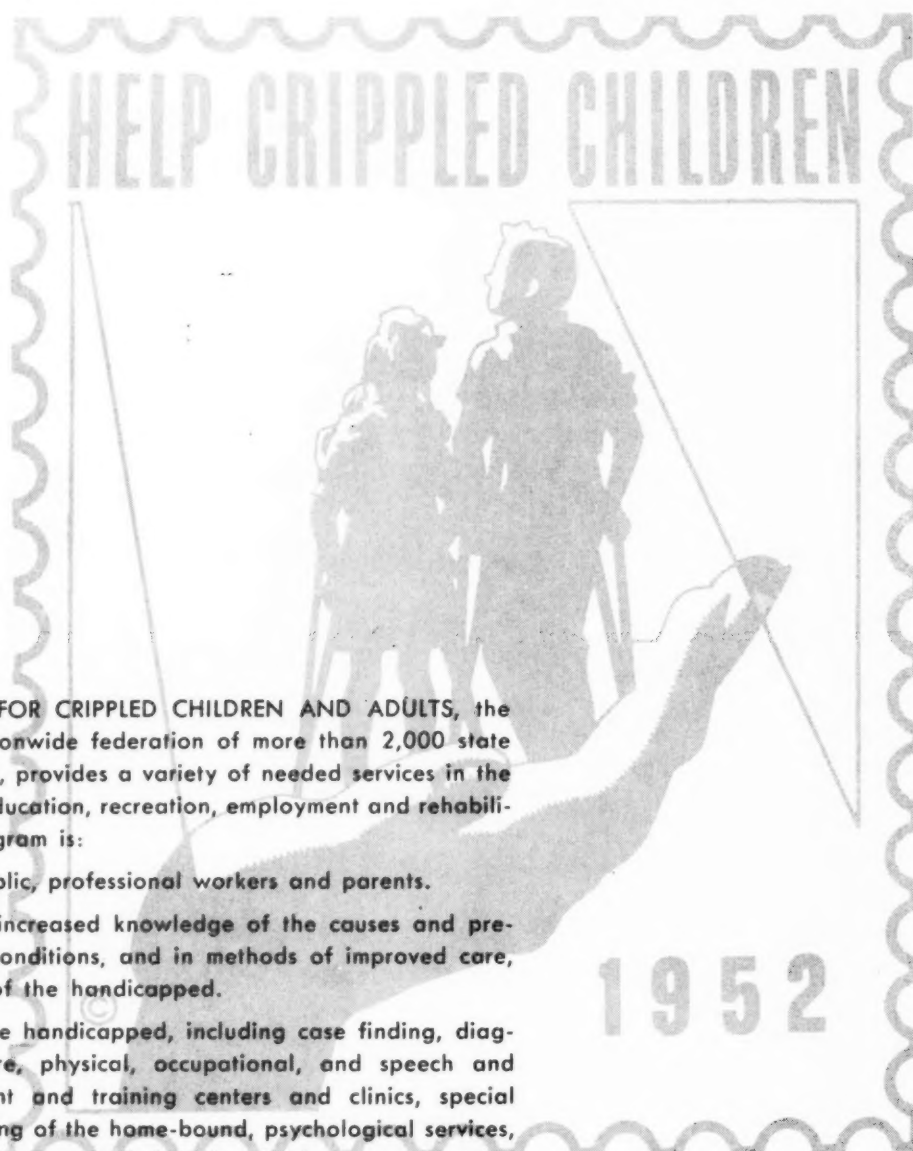
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Bulletin on Current Literature

**The monthly bibliography for
workers with the handicapped**

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**The NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.**
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

ACCIDENTS—PREVENTION

161. Corson, Adelaide B.

Accident prevention; a rural public health nurse considers preschool child safety. Public Health Nursing. Jan., 1952. 44:1:10-15.

How the problem of preschool child safety concerns the public health nurse, especially the rural nurse, is the author's subject in this article. In her work in the home with parents of young children, the nurse can educate adults in the child's limitations, intellectual and emotional, and point out the physical factors or agents that are largely responsible for child accident.

ADULT EDUCATION

See 242.

AMPUTATION

162. Berger; Norman

Factors related to training of the upper extremity amputee, by Norman Berger and Marshall A. Graham. J., Assn. Physical and Mental Rehabilitation. Jan.-Feb., 1952. 5:3:13-16.

"... the authors have presented a general consideration of the physical requirements for optimal prosthetic operation, of the fitting and harnessing of the prosthesis to the amputee, and of the training of the amputee in the basic operations and the practical uses of his appliance...."

AMPUTATION—EQUIPMENT—RESEARCH

163. Abt, Lawrence E.

The orthopedist in above-the-knee amputations, by Lawrence E. Abt and Aaron Stern. U. S. Armed Forces Med. J. Dec., 1951. 2:12:1801-1809. Reprint.

In conducting research on the problems of above-the-knee amputees, a questionnaire was circulated to a representative sample of 128 above-the-knee amputees; 68 orthopedists and 69 members of the limb-making profession. Information obtained is reported with statistics on the major complaints about artificial limbs, factors making for their efficient use, and evaluation of available prostheses. The study points up the need for closer cooperation among the three groups and need for more training in the efficient application of and adjustment to the prosthesis.

164. National Research Council. Advisory Committee on Artificial Limbs.

Artificial limb program; five years of progress; a report by the executive director. Washington, D. C., The Committee, November, 1951. 27p. Mimeo.

Part I of the report gives an outline of the program, its background, scope and direction; Part II tells what is being done at the present time and why, and Part III outlines plans for the future. Reviewed are various research projects, the work of the limb industry, development of new types of prostheses, and the part played by the medical profession in the program.

ARCHITECTURE (DOMESTIC)

165. Holland-Hibert, J.

Accommodation for employment. Rehabilitation. Dec., 1951. 3:16-19.

ARCHITECTURE (DOMESTIC) (Continued)

The author, chairman of the National Association for the Paralyzed (Great Britain), describes the Kytes Settlement, a group of specially designed bungalows for ex-Service tenants, most of whom are employed full time in outside employment. Only those with spinal injuries whose main problems arise from the fact that they are permanently in wheelchairs are accepted for tenancy. The advantages of group living and the selection of applicants are discussed. The capital investment has been high but the plan should maintain itself without the aid of a permanent endowment fund.

ART

See 228.

BLIND

166. American Foundation for the Blind

Report of the National Work Session on the Preschool Blind. New York, The Foundation, 1951. 67 p. (Group reports, no. 1)

A National Work Session on the preschool blind child was called in April, 1951, by the American Foundation for the Blind; participants were representatives of private and public agencies for the blind, social work research groups, medical clinics and hospitals, and parents of preschool blind children, chosen for their training, experience, and interests in this specific area. Subjects covered by the various groups at the session were: 1) Evaluation of existing research affecting blind children and suggested future projects to be developed; 2) development of professional services to parents of blind children; 3) evaluation and clarification of the functions and purposes of the various types of programs established to meet the needs of preschool blind children; and 4) suggested standards for the training of professional workers dealing with preschool blind children.

Available from the American Foundation for the Blind, 15 West 16th Street, New York 11, N. Y., at 75¢ a copy.

BLIND—ETIOLOGY

167. Kerby, C. Edith

Trends in causes of blindness in New York State. Sight-Saving Rev. Winter, 1951. 21:4:215-224.

"New data on the blind from the New York Commission for the Blind suggest that there may be need to revise our concept of the extent and causes of blindness in the United States." There is a marked decrease in blindness caused by infectious disease and injuries, and a definite increase due to general diseases, as diabetes and vascular diseases. The incident rates are increasing due to eye diseases and defects, the etiology of which is unknown. These eye conditions, such as retrolental fibroplasia and glaucoma and cataracts, accounted for almost 60% of the new cases in 1950. Data show that blindness is increasing in all ages except for the years 18-49.

BLIND—PROGRAMS

168. Broek, Jacobus ten

Concepts in rehabilitation and placement of the blind. New Outlook for the Blind. Dec., 1951. 45:10:287-300.

Dr. ten Broek, President of the National Federation of the Blind and a member of the California State Welfare Board, believes that rehabilitation of the blind is a social problem, that the primary task of vocational rehabilitation is not to overcome the physical condition but the social handicap. Present public attitudes toward the blind must not be tolerated. Early case finding is important if the blind are not to lose their ambitions; anti-discrimination legislation and a revision of public assistance laws are needed. The author points out defects in the National Rehabilitation Association's legislation program; he feels the program should be re-evaluated in all its phases.

BLIND—RECREATION

169. Buell, Charles E.

Recreation for the blind. New York, American Foundation for the Blind, 1951. 39 p. (Educational series, no. 1)

With literature on the subject of recreational activity for the blind being meagre and incomplete, this booklet should fill a need for practical guidance in work with the blind. The author, Director of Physical Education at the California School for the Blind, has had twenty years' experience in directing physical and recreational activity for the blind. Briefly discussed are hobbies and leisure time activities, social and quiet games—table games and contests, sports and active games in which the blind can participate.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, N. Y., at 45¢ a copy.

BLIND—SPECIAL EDUCATION

170. Hartman, Dorothy R.

A vocational training program for partially seeing high school students. Sight-Saving Rev. Winter, 1951. 21:4:225-233.

"This article describes how partially seeing pupils in the Bok Vocational Technical School in Philadelphia train for profitable employment." Subjects covered are the selection of pupils, activities of the teacher, associated subjects program, a brief description of the various trades taught, extra-curricular activities, and an evaluation of the program.

BOY SCOUTS

171. Crippled; shall I let him join? Scouting. Oct., 1951. 39:8:5.

A report on replies received to the article that appeared in the Feb. 1952 issue. The Scoutmaster who asked the question in the original article tells of the adjustment to Scouting which the spastic child made. (See Bulletin on Current Literature, Dec., 1951, #967.)

BRACES

172. Rudin, Louis N.

A mechanical quadriceps, by Louis N. Rudin and Daniel J. Cronin. Archives Physical Medicine. Jan., 1952. 33:1:15-19.

Description of a brace attachment, developed by Mr. D. J. Cronin, which serves as a substitute for an irreversible, permanent weakness or paralysis of the quadriceps muscle and eliminates the necessity of the knee lock on the brace. Also described is the Newman Myometer, a new device for measuring muscle strength by which the strength of the hamstring muscles can be gauged and the right spring for the brace chosen without wasteful trial and error methods.

BRAIN INJURIES—SPEECH CORRECTION

173. Kastein, Shulamith

Speech and language rehabilitation in a post-encephalitic child. Am. J. Mental Deficiency. Jan., 1952. 56:3:570-77.

"This paper is a presentation of a case history of a post-encephalitic child. It is discussed in detail because the observations made and the data collected in the course of treatment are considered relevant to fundamental problems in speech pathology. In addition, factors are brought up related to the development of intellectual functions as a result of speech therapy and the role of the parents, particularly the mother, in the training program....The therapeutic approach, global in scope and aimed at psychological, perceptual, and conceptual (linguistic) objectives is outlined and therapy and progress notes from the patient's original files are quoted...."

CEREBRAL PALSY

174. Physical Therapy Rev. Feb., 1952. 32:2

Entire issue devoted to articles on cerebral palsy.

Contents: Fundamental approach to the study of stance stability and locomotion in the cerebral palsied, Sara Jane Houtz, William J. Council, Edward N. Norris, Robert N. Eubank, and F. A. Hellebrandt.—The treatment of cerebral palsy, Harriet E. Gillette.—Speech training for the cerebral palsied child, Harold Westlake.—Balance and walking in the treatment of cerebral palsy, Marguerite E. Whipple.—Specialized neuromuscular technics in the treatment of cerebral palsy, Margaret Knott.—Occupational therapy in the treatment of the cerebral palsied, Margaret S. Rood.

This issue is available from the American Physical Therapy Association, 1790 Broadway, New York 19, N.Y., at 50¢ a copy.

See also 197.

CEREBRAL PALSY—DIAGNOSIS

175. Lassman, Frank Maurice

A clinical investigation of hearing deficiencies and some possible etiological factors in a group of cerebral palsied individuals. Los Angeles, 1950. 243 p.

Dissertation (Ph.D.)—University of Southern California, Department of Speech, 1950. Unpublished.

Library has Chapter VI: Summary.

"The purpose of this investigation was (1) to describe the nature of hearing efficiency in representative groups of differentially diagnosed cerebral palsied children, determining group tendencies and inter-group differences; and (2) to clarify the nature of otic pathology responsible for the hearing deficiencies in this population...." Research was conducted at the Outpatient Clinic and Departments of Otolaryngology and Cerebral Palsy at the Children's Hospital in Los Angeles, using a group of 101 children as test subjects.

176. Peters, Robert William

A comparative study of the hearing acuity of cerebral palsied and normal children. Columbus, Ohio, 1950. 76 p.

Thesis (M. A.)—Ohio State University, 1950. Unpublished.

Library has: Chapter V: Summary, conclusions and recommendations.

"The basic problem of the study was to find out whether or not cerebral palsied and normal children differed significantly in their hearing acuity for pure tones....The group studied consisted of one hundred children, fifty of whom were normal...." Age range was from 6 to 17 in the cerebral palsied and from 6 to 13 in the normal hearing. Audiometric air threshold tests were administered and conclusions drawn from data compiled. Cerebral palsied children exhibited less hearing acuity for pure tones and a greater incidence of hearing loss, but the loss did not differ significantly among the various types of cerebral palsy. Further study is suggested to find out more definitely what role attention to stimuli plays in the hearing acuity of cerebral palsied children.

CEREBRAL PALSY—PHYSICAL THERAPY

177. Snow, William Benham

The role of a physical therapist, by William Benham Snow and Jetta Hendin. Cerebral Palsy Rev. Feb., 1952. 13:2:3-5, 9-11.

The duties, administrative, supervisory, and therapeutic, of a head physical therapist in a cerebral palsy treatment program are reviewed. Various types of cerebral palsy programs are reviewed. Various types of cerebral palsy involvement are considered in the light of physical therapy requirements.

CEREBRAL PALSY—PSYCHOLOGICAL TESTS

178. Jewel, Bruce T.

Observations on the psychological testing of cerebral palsied children, by Bruce T. Jewel and Helmut Wurstein. Am. J. Mental Deficiency. Jan., 1952. 56:3:630-37.

Summarizing the results of a three-year program of psychological evaluation of children with cerebral palsy, this paper presents facts gathered at the Los Angeles Children's Hospital Psychiatric Clinic. Of 992 new cases admitted, 325 were examined by psychologists; the central practical purpose of the examination was to obtain information to be used in formulating plans for the total training program of each child. All were handicapped by one or more partial or total disabilities in modes of comprehension and communication. "...This group of children...demonstrated generally a heterogeneous type of mental development and varied, unpredictable levels of intellectual adjustment. Other than this, no specific pattern of intellectual behavior was reliably detected...."

CEREBRAL PALSY--RECREATION

179. Hatcher, Caro C.

Recreational activities for cerebral-palsied children. Exceptional Children. Jan., 1952. 18:4:102-6.

Actual participation in games and experiences which meet the need for exploration and achievement is essential to the handicapped child. The author suggests such recreational activities as field trips, finger plays, chalk talks, reach and grasp games, speech production games, games to promote better eating habits, and story telling to promote relaxation. Recreational activity should be aimed at more than corrective physical measures; it can aid in integrating the total personality.

CHILDREN—GROWTH AND DEVELOPMENT

180. Shelton, E. Kost

Growth and development, by E. Kost Shelton and Robert F. Skeels, Ciba Clinical Symposia. Sept., 1951. 3:6:183-215.

A monograph discussing the physiologic process which leads to normal maturation in children and the nutritional, hormonal, and extrinsic factors which determine the child's genetic destiny.

CHILDREN'S LITERATURE

181. Heintz, Stella S.

A library project to determine the suitability of books for purchase on the third grade reading level in the Illinois School for the Deaf, Jacksonville, Illinois. Am. Annals of the Deaf. Nov., 1951. 96:5:524-543.

The second of two such projects conducted during the past two school years at the Illinois School for the Deaf, Jacksonville, Illinois, this part lists books suitable for purchase on the third grade level for deaf and hard of hearing children. Part I of this article was published in the Annals for September, 1951, and was annotated in the Bulletin on Current Literature, January, 1952.

CHRONIC DISEASE—INSTITUTIONS

182. Hospital Progress. Jan., 1952. 33:1:53-59.

Chronic care: a special section.

Contents: If chronic patients cannot pay, who should pay?: Private charity? by William E. Kappes, Government? by Edgar C. Hayhow.—Where shall we care for these patients, in special or general hospitals? by Mother M. Hilary.

CHRONIC DISEASE--INSTITUTIONS (Continued)

A discussion of the care of the chronically ill and who should shoulder the responsibility of such care plus its cost. The extent to which the voluntary organizations can assume the care of the chronically ill depends on local resources and needs; government and the private hospital should work together in solving the problem. Arguments for and against general and special hospitals for chronic illness are presented.

CHRONIC DISEASE--PROGRAMS

183. Commission on Chronic Illness.

Steps toward prevention of chronic illness. Chicago, The Commission, c1952. 31 p.

Summary of the National Conference on Chronic Disease: Preventive aspects, held March 12-14, 1951. This summary focuses attention on prevention, early detection and screening as the basic long-range approach to chronic disease. Medical and social research, medical practice, professional education and training, community organization and education of the public were covered; delegates participating included physicians, dentists, nurses, social workers, teachers, health educators, statisticians, and others engaged in public health work. Background material statements, prepared by qualified individuals, the committee reports, and formal papers presented at the Conference will be published in a separate volume, a handbook on prevention of chronic diseases.

Published by Health Publications Institute, 216 N. Dawson St., Raleigh, North Carolina, at 50¢ a copy.

CONGENITAL DEFECTS--ETIOLOGY

184. Burge, E. S.

The relationship of threatened abortion to fetal abnormalities. Am. J. Obstetrics and Gynecology. Mar., 1951. 61:3:615-621.

A study covering 12,000 deliveries at Evanston Hospital, Evanston, Ill., from Nov., 1940, to Aug., 1949, presents data on the total of defective infants, threatened abortions, and frequency of defectives. Conclusions drawn from a comparison of data with local and national averages are that the incidence of abnormal infants in the series does not differ significantly from averages of years previous to attempted specific treatment of threatened abortion. Patients whose pregnancy survives a threat to abort have at least a 98.5 per cent chance of delivering a baby without major or life-threatening defects. There is no evidence to support the theory that treatment of threatened abortion has increased the incidence of congenital defects.

DANCING.

185. Sparger, Celia

Physiotherapy at the Sadler's Wells School of Ballet. Physiotherapy. Jan., 1952. 38:1:8-13.

The author, physical therapist for the Sadler's Wells School of Ballet, England, describes her work with children who are candidates for the School. How the children are selected, the rigid physical requirements and examination given each, and the use of physiotherapy in relieving conditions of sprain or misuse of muscles, make a highly interesting article.

DEAF--MENTAL HYGIENE

186. DiCarlo, Louis M.

Social adjustment and personality development of deaf children: a review of the literature, by Louis M. DiCarlo and Jane E. Dolphin. Exceptional Children. Jan., 1952. 18:4:111-18, 28.

DEAF—MENTAL HYGIENE (Continued)

The inconclusiveness of psychological data on the social and personality development of children with impaired hearing is indicated by a review and analysis of research literature. The deaf recognize certain personality changes and limitations imposed by the handicap, but research fails to provide better controls, measuring instruments, clearer insight into the nature of deafness and its relation to individual growth. Data from various research comparing deaf and normal hearing children is presented briefly in review.

DEAF—PSYCHOLOGICAL TESTS

187. Birch, Jane R.

The Leiter International Performance Scale as an aid in the psychological study of deaf children, by Jane R. Birch and Jack W. Birch. Amer. Annals of the Deaf. Nov., 1951. 96:5:502-511.

The purpose of this report is to set forth some of the findings which recommend the Leiter Scale as a very promising psychological tool in evaluating the deaf child's learning capacity. "...Data are presented here on a series of 53 cases to whom the Leiter and two or more other intelligence tests have been administered....All of the tests on any one case were administered within a span of not more than three weeks. The cases were referred as children who were experiencing learning difficulties in the classrooms...." The authors believe that the Leiter is an easy test to use with the deaf and reveals aspects of mental structure not shown by other tests. A supplementary bibliography includes all publications on the Leiter Scale known to be available at the time.

188. Templin, Mildred C.

Personal references and illustrations used in explanation of physical causality. Amer. Annals of the Deaf. Nov., 1951. 96:5:482-493.

Twenty-one questions about the causes of natural phenomena were given to 78 hearing, 78 hard of hearing, and 78 deaf subjects matched on age, sex, grade placement and intelligence. Their written explanations were classified according to function and content of language to associate maturity with responses. Studies have shown defective hearing children more immature in level of development in areas of language, reasoning, and personality. Results of the analyses of the tests are given.

DEAF—RESEARCH

189. Myklebust, Helmer R.

A survey of research needs in the education of the deaf, by Helmer R. Myklebust and Milton Bratten. Amer. Annals of the Deaf. Nov., 1951. 96:5:512-523.

In order to determine the need for research in the field of education for the deaf, a rating scale was sent to every administrator of a school or department listed in the January, 1949, issue of the American Annals of the Deaf. Data collected from replies are tabulated and show need for research in three areas: 1) teaching problems and curriculum, 2) status of pupils and graduates, and 3) administrative problems. The article is intended to indicate needs, rather than to be definitive in how research was to be accomplished.

DEAF—SPECIAL EDUCATION

190. Letizia, Geneva M.

Alphabet? What's that? Volta Rev. Jan., 1952. 54:1:9-10.

DEAF—SPECIAL EDUCATION (Continued)

Forty-six hypacusic boys and girls were subjected to a standard examination which required their having a knowledge of the English alphabet. Results are tabulated according to chronological age, grade placement and revealed abilities to reproduce the English alphabet. The group was divided into two sub-groups—26 pupils classified as deaf, and 20 called educationally deaf because they needed specialized instruction to acquire language and speech even with the optimum use of a hearing aid and amplified sound. The findings of the sample revealed that the alphabet is either not learned, learned early and forgotten and relearned by the deaf as they grow older, or that only those who are able to retain it have remained to go on to eighth or ninth grades. Among the educationally deaf, fewer were found who did not know the alphabet. It is thought that having residual hearing aids in learning the alphabet sooner and retaining it, and that the same situation for learning should be created for the deaf child.

This is a report of a study sponsored by Mu Iota Sigma Fraternity and directed by its National Director of Research, M. Arline Albright, Ph.D., Marquette University, Milwaukee, Wisconsin.

191. Mackie, Romaine P.

The school building and the child with impaired hearing. Amer. Annals of the Deaf. Nov., 1951. 96:5:494-501.

With adjustments in classroom construction and lighting and provision of special equipment, speech and hearing teachers can bring about better education for the deaf or hard of hearing child who attends regular school classes. Types of day school organization in various cities are briefly discussed. State and local communities can best determine specialized building requirements by analyzing the needs of the children and the resources of the community.

See also 181.

DEAF—STATISTICS

192. Lancaster, H. O.

Deafness as an epidemic disease in Australia; a note on census and institutional data. Brit. Med. J. Dec. 15, 1951. 4745:1429-1432.

From census data statistics have been compiled to confirm the theory that epidemics of deafness and other congenital defects occurring in the various Australian states were a new and unusual manifestation of rubella. Only data from the New South Wales Institution for the Deaf and Dumb and the Blind are discussed in detail but consideration is also given data from other states and presented in tabular form.

DISEASES—STATISTICS

193. Collins, Selwyn D.

Disabling illness from specific causes among males and females of various ages, by Selwyn D. Collins, F. Ruth Phillips, and Dorothy S. Oliver. Public Health Reports. Dec. 14, 1951. 66:50:1649-71.

"This report deals mainly with disabling illness rates for detailed diagnoses among males and females of specific ages. The data are from the 5-year study made by monthly visits to a sample of the population of the Eastern Health District of Baltimore...." Given are annual recorded illnesses from all causes, annual rates of disabling attacks or episodes of chronic diseases, annual days of disability, and annual frequency rates for males and females of all ages for all cases and for disabling cases by detailed diagnoses.

EMPLOYMENT

194. American Management Association

Solving office staffing problems: some current approaches. New York, The Assn., c1952. 44 p. (Office Management series no. 129)

Partial contents: Hidden sources of manpower: I, by Howard A. Rusk; II, by Henry Viscardi, Jr.

Both Dr. Rusk and Mr. Viscardi, Jr., urge the utilization of the handicapped in meeting manpower needs in a program of mobilization of industry. Selective placement studies prove that there is a job for practically every disabled person, and less than 1% of the working population is physically fit for all types of work. Mr. Viscardi tells of the manner in which other countries are meeting the problem of the disabled, and of experiences which various companies have had with the handicapped worker.

Distributed by American Management Association, 330 W. 42nd St., New York 18, N. Y., at \$1.25 a copy.

195. U. S. Office of Defense Mobilization

Report to the Chairman, Manpower Policy Committee, by the Task Force on the Handicapped. Washington, D. C., The Office, Dec. 28, 1951. 63 p. Mimeo.

The Task Force on the Handicapped, a group of interested persons outside of Government employ, was established by the Manpower Policy Committee to evaluate the possibilities of the additional manpower supply among the handicapped of the nation. This report covers such subjects as manpower requirements, number of potential workers among the disabled, resources for rehabilitating and employing handicapped workers, a discussion of the major agencies and organizations serving the handicapped with a description of physical facilities for rehabilitation. The employment problem, programs of state-federal vocational rehabilitation and other forms of assistance are reviewed. The Task Force offers an outline for action, with a summary and recommendations for an effective program at local, state and federal levels.

Available from Office of Defense Mobilization, Room 173, Washington 25, D. C.

EPILEPSY—PROGRAMS

196. Stockbridge, Margaret E.

The "problem" epileptic. Mental Health. Winter, 1951. 11:1:5-9.

Employment and behavior problems of the epileptic were reviewed; a recent survey of twenty epileptic cases dealt with in London showed that the difficulties experienced by the epileptics were very similar. Since the degree of involvement varies, as does the intelligence, from individual to individual, solutions must be varied. Sheltered employment and colony living are recommended for the epileptic low in intelligence rating; however segregation, as in colony living, has its disadvantages and should be graded to take into consideration differences in temperament and intelligence.

HANDICAPPED—PROGRAMS

197. Kirman, Brian H.

The treatment of children with dual defects. Am. J. Mental Deficiency. Jan., 1952. 56:3:589-602.

The author discusses the problems of classifying children into educable and uneducable groups; he feels that it is doubly important to assess the capabilities of the child with double defect as early as possible and to review the assessment frequently. Case histories are cited to prove his point—that sufficient mental ability to produce gratifying results for the expenditure of a little time and effort can still remain in spite of gross damage.

HEART DISEASE--DIAGNOSIS

198. Goldwater, Leonard J.

Study of one hundred seventy-five "cardiacs" without heart disease, by Leonard J. Goldwater and Beatrice Kresky. J. Am. Med. Assn. Jan. 12, 1952. 148:2:89-92.

The present report is concerned with 175 "cardiacs" without heart disease (erroneously diagnosed) referred to the Work Classification Unit of the Third (New York University) Division Adults Cardiac Clinic of Bellevue Hospital which functions in a consulting capacity to the New York State Employment Service. Records of the 175 referrals were reviewed with the comment that careful evaluation and discussion of signs and symptoms referable to the cardiovascular system is necessary as a preventive measure against iatrogenic heart disease.

HEART DISEASE--PROGRAMS

199. Cahan, Jacob.M.

School cardiac services. J. School Health. Dec., 1951 & Jan., 1952. 21:10 & 22:1. 2 pts.

"A pattern for a complete cardiac service to pupils and personnel in a school system has been outlined. Critical review of all cardiac reports and administration of all work connected with cardiac consultations for the school system are centered in the Heart Station...." The methods and material of studies, the work of almost six years, have been briefly tabulated and summarized. Tables of diagnosis presented only the anatomical part of the complete cardiac diagnosis. The service was carried out in Philadelphia; typical case reports and fields of exploration have been cited.

HEMIPLEGIA--MEDICAL TREATMENT

200. Yamshon, Leonard J.

Rehabilitation of hemiplegia. J., Assn. Physical and Mental Rehabilitation. Jan.-Feb., 1952. 5:3:11-13.

Before rehabilitation can be initiated, consideration must be given several factors which cause failure--namely, senility, medical complications prohibiting activity, loss of learning ability, psychoses, lack of motivation, longstanding flexion contractures in the involved lower extremity and sometimes atonicity. Three general categories of patients and their problems are presented: 1) flaccid, 2) paretic, and 3) spastic. Primarily the objective from the physical point of view is the ability to perform the daily living activities.

HOSPITAL SCHOOLS--IOWA

201. Wagner, Ruth H.

A mallet in his hand. Midland Schools. Feb., 1952. 66:6:10-11, 28-29.

The story of the development and progress of Iowa's newest educational institution, the Iowa Hospital-School which serves severely physically handicapped children with normal intelligence.

MENTAL DEFECTIVES--INSTITUTIONS

202. Roselle, Ernest N.

Some thoughts on the administrative organization of a training school for mental defectives. Am. J. Mental Deficiency. Jan., 1952. 56:3:524-36.

MENTAL DEFECTIVES—INSTITUTIONS (Continued)

"This paper presented a plan of administrative organization for institutions which has been used in three different types of outstanding institutions encompassing the fields of the delinquent, dependent and mentally defective. It has been used over a long period of time and under such a variety of conditions as to enable a thorough appraisal of its values. It has produced uniformly happy results and particularly so as to end results....." Departmental organization, background and training of personnel, duties and latitude allowed in management, and committees integrating and coordinating all departmental work are described. A chart attached to the report covers details of functions and personnel by departments; inter-departmental relations are shown also.

MENTAL DEFECTIVES—INSTITUTIONS—CONNECTICUT

203. Connecticut. Mansfield State Training School.

The Mansfield training program. Am. J. Mental Deficiency. Jan., 1952. 56:3:493-509. A symposium.

Contents: The Mansfield training program, Richard H. Hungerford.—Problems of planning, Frank A. Borreca.—The academic program, Margaret E. Smith.—Vocational training program, Raymond E. Bebee.—Recreation in the Mansfield Plan, Edward Bohan.—The prevocational program, Milton Chaikin.

MENTAL DEFECTIVES—MEDICAL TREATMENT

204. Arbitman, Herman D.

The present status of glutamic acid therapy for mental deficiency. Training School Bul. Jan., 1952. 48:9:187-199.

"This article is an attempt to survey the literature on glutamic acid treatment, and to bring the readers of the Training School Bulletin up to date on the present state of knowledge about this important problem.... The purpose is...to mention some of the different results reported in different investigations, to show some of the reasons for disparity in results reported, and to try to answer the question which so many parents of mentally-deficient children ask: 'Shall I ask my physician to place my child under glutamic acid therapy?'...." Bibliography included.

MENTAL DEFECTIVES—MENTAL HYGIENE

205. Malzberg, Benjamin

Some characteristics of mental defectives examined by the Child Guidance Clinics of the New York State Department of Mental Hygiene. Am. J. Mental Deficiency. Jan., 1952. 56:3:510-18.

4546 new cases examined in the Child Guidance Clinics of the New York State Department of Mental Hygiene during the year ending March 31, 1950, have been classified according to clinical groups, to age, to race, to sex, to types of behavior disorders (i.e. habit, personality, neurotic, and conduct), and according to the presence of a secondary behavior problem. These cases from the clinic were also contrasted and compared with a group of mental defectives admitted to the New York State schools for such children; statistics are presented in tabular form. Conclusions drawn were that mental defect exists in large numbers in New York State (outside New York City) and that it is a complicating factor in a variety of other types of behavior disorder.

MENTAL DEFECTIVES—PARENT EDUCATION

206. Grebler, Anne Marie

Parental attitudes toward mentally retarded children. Am. J. Mental Deficiency. Jan., 1952. 56:3:475-483.

MENTAL DEFECTIVES—PARENT EDUCATION (Continued)

"...In this study, an attempt was made to examine parental attitudes toward mentally retarded children. The problems of parents of mentally retarded children were delineated from those of parents of normal children. It was shown that feelings of parents of mentally retarded children were exposed to more trying experiences than those of parents of normal children.... The general analysis was supplemented by a study of 11 cases of children with an I.Q. of 75 and below, tested at the Educational Clinic of City College, New York, N. Y. These cases were summarized from case-records, with special emphasis on the expressions of parents in regard to the problem of retardation and their relationship to the child. The child's behavior reactions to the parents' attitudes were also analyzed.... Three of the cases evaluated are discussed in the article...."

207. Weingold, Joseph T.

Parents' groups and the problem of mental retardation. Am. J. Mental Deficiency. Jan., 1952. 56:3:484-492.

This discussion by the Executive Director of the Association for the Help of Retarded Children, Inc., is divided into three parts: 1) the formation of parents' groups and the difficulties attendant to such formation and continued existence; 2) what the parents think are the essential features of a community program for the mentally retarded; and 3) what parents' groups can do to help bring about such a program. Needs are pointed out for clinics, kindergarten schools and nurseries, homebound training similar to that for the physically handicapped child, special classes, an adequate battery of psychometric tests, vocational training and guidance, placement services, and a plan for caring for those children left parentless. In addition, research into causes and cures, if possible, for mental retardation, for better teacher training, and for more public and parent education on the needs of the mentally retarded are necessary.

MENTAL DEFECTIVES—PROGRAMS—GREAT BRITAIN

208. Great Britain. National Association for Mental Health.

Methods of dealing with young M. D. children. Mental Health. Winter, 1951. 11:1:21-24.

In this memorandum prepared by the National Association for Mental Health, Great Britain, reasons are given advising against the early removal of mentally deficient children from the home and the need for more trained personnel in dealing with mentally deficient children. The importance of early training for the child is stressed; it is also suggested that local health authorities be notified of the existence of the mentally deficient, in order that estimates for future institutional care may be provided.

MENTAL DEFECTIVES—PSYCHOLOGICAL TESTS

See 243; 244.

MENTAL DEFECTIVES—SPECIAL EDUCATION

209. Geer, William C.

Education of mentally-retarded children fourteen years of age and beyond. Am. J. Mental Deficiency. Jan., 1952. 56:3:560-69.

MENTAL DEFECTIVES—SPECIAL EDUCATION (Continued)

A questionnaire to determine how various city school systems in the United States were providing educational services for mentally retarded pupils beyond elementary school age was sent to 70 city school systems over the country. Population ranged from 38,009 to 7,454,995, and returns of 75.7% covered the entire population range. Analysis of the data was broken up into the following parts: 1) types of educational services provided, 2) types of instruction, 3) value of services offered the child and community, 4) relative costs of services, 5) methods of follow-up and evaluation of employer cooperation in vocational placement of older mentally retarded pupils, and 6) disposition of those unable to profit from public school instruction. Results are summarized.

210. Hill, Arthur S.

Special education serves them, too! School Life. Jan., 1952. 34:4: 55, 60-61.

The establishment and maintenance of special classes for the severely mentally retarded children pose many problems; special curricula must be developed; lack of adaptations of nursery school procedures to more physically mature children, the selection of teachers qualified for this special type of work, and financial backing and adequate housing may retard the extension of this service. The activity of parent groups of the National Association for Retarded Children is described as well as legislation passed by various states in the interest of the severely mentally retarded child.

211. Roewer, William E.

A program for the trainable mentally deficient child. Am. J. Mental Deficiency. Jan., 1952. 56:3:551-59.

In the Southern Wisconsin Colony and Training School, children unable to benefit sufficiently from the academic type of education are termed "trainable;" the program designed to serve this group, aged from 8 to 16 years with intelligence quotient range from about 3.5 to 8.0, yet who do not need custodial care, was presented for evaluation and criticism to 35 interested professional people from Wisconsin and neighboring states. Criteria for selection of children for trainable classes were in five major areas of development: physical, mental, social, emotional, and educational, with overlapping between areas. The original curriculum was used for six months and in March, 1951, revisions were made by the participating teachers, the school principal, and the superintendent of the institution. The activities, with objectives and revisions, are briefly described. Results were gratifying, especially in the area of daily living.

MONGOLISM

212. Gosman, S. D.

Facial development in Mongolism. Am. J. Orthodontics. May, 1951. 37: 5:332-349.

Facial similarities in a group of 22 Mongoloids at the Vineland Training School led the author to study deviations from normal facial structures. His conclusions were that in Mongoloids cranial and facial underdevelopment was more severe in the anteroposterior direction than in width, that facial changes after the age of 16 to 18 years are limited to changes in the mandible, i.e. a progressive mandibular prognathism. The tongue habit, due to too large a tongue in a small oral cavity, is responsible for this; orthodontic treatment is not recommended unless the tongue is first surgically reduced in size. Prevention of the prognathism might be possible with surgery at the age of 11 or 12 years. A version of this article appears in the Training School Bulletin, Dec., 1951, p. 168-173.

MONGOLISM—PSYCHOLOGICAL TESTS

213. Durling, Dorothy

Mental growth curves in untreated institutionalized Mongoloid patients, by Dorothy Durling and Clemens E. Benda. Am. J. Mental Deficiency. Jan., 1952. 56:3:578-88. Reprint.

A group of 62 mongoloid patients over the age of 16 in residence at the Wrentham State School, Wrentham, Mass., were tested by the Standard Revision of the Binet-Simon intelligence test. "....The presented material provides basic data for comparison between the intrinsic growth potentialities and the effect of treatment...." By selecting a group of patients institutionalized for a long period of time, who have lived under similar environment, it has been possible to eliminate environmental influences and so study more clearly intrinsic mental potentialities. Mental growth curves of mongoloids were compared with a group of familial cases matched by age and mental level; familial cases showed different patterns of development. Slight gains after the age of 16 were shown in almost twice as many mongoloids as in the familial cases.

MUSCULAR DYSTROPHY

214. Blakeslee, Alton L.

They won't say die. Today's Health. Jan., 1952. 30:1:34-35, 63-66.

Written for the layman, this article is a description of the ravages of muscular dystrophy, the outlook for those afflicted with the disease, the various forms it takes, and the work being done by the Muscular Dystrophy Associations of America, Inc. Case histories are briefly described and research in progress reported.

OLD AGE—PROGRAMS—NEW YORK

215. New York. State Joint Legislative Committee on Problems of Aging.

No time to grow old. (Albany) The Committee, 1951. 316 p. illus. (Legislative document (1951) no. 12)

"...This report has a message of importance to virtually everyone: the physician, the social worker, the employer, children with aging parents, and many millions of individuals who are or should be planning for their later years. It presents a challenge to translate our new knowledge of aging into social policy so that the later years may be viewed as years of new opportunity, not as the end of life...."—Thomas C. Desmond, Chairman.

Some of the subjects in the report are concerned with community action for the welfare of the aging, social security, employment, recreation, housing, adult education, and new developments in geriatrics.

Distributed by the New York State Joint Legislative Committee On Problems of the Aging, State Capitol, Albany, New York.

PARALYSIS

216. Billig, Harvey E.

The application of sequential patterns in a muscle reeducation program, by Harvey E. Billig and Evelyn Lowendahl. J. Assn. Physical and Mental Rehabilitation. Jan.-Feb., 1952. 5:3:9-11.

The problem of muscular reeducation in treating neuromuscular disabilities centers around reestablishing the highest possible amount of function in the paretic patient. Factors involved in training for motor coordination are discussed, and principles worked out by Dr. Arnold Gesell are applied in a practice sequence, outlined and explained.

PARALYSIS AGITANS—MEDICAL TREATMENT

217. Yaskin, Joseph C.

Treatment of Parkinson's syndrome; some practical consideration. Pennsylvania Med. J. Dec., 1951. 54:12:1156-1158.

After a brief description of the syndrome and its initial diagnosis, the author discusses various types of treatment and drugs found effective in maintaining physical mobility in the person with Parkinsonism.

PARAPLEGIA—GREAT BRITAIN

218. Buxton, R. Guy

Rehabilitation of war disabled. Rehabilitation. Dec., 1951. 3:11-15.

"The Duchess of Gloucester House, a residential hostel at Isleworth (England) for the training and resettlement of paraplegics was opened in 1949. Dr. R. Guy Buxton, Medical Officer, Rehabilitation Service of the Ministry of Pensions, reports the progress of the hostel in the last two years." Included are a brief description of the House, its administration, medical facilities and staff, recruitment and employment, working conditions, time lost on account of illness, and the desirability of such hostels for other conditions beside paraplegia.

PHYSICAL MEDICINE—EUROPE

219. Licht, Sidney

Notes on physical medicine in Europe in 1951. Occupational Therapy and Rehabilitation. Dec., 1951. 30:6:341-372.

A review of the practice of physical medicine in rehabilitation facilities in Great Britain, Denmark, Sweden, Norway, France, Switzerland, Italy, and Spain. Statistical data concerning the number of patients treated and the size of departmental staffs at hospitals and centers are included.

PHYSICAL THERAPY

See 185; 216.

PLAY THERAPY

220. Kimmel, Mary-Anne Rousseau

The use of play techniques in a medical setting. Social Casework. Jan., 1952. 33:1:30-34.

The Crippled Children's Unit of Washington, D. C., is the setting for the case summarized in this paper. It illustrates "...the use of play techniques with a young child (under six) whose emotional problems are interfering with medical treatment and recovery...."

POLIOMYELITIS—MEDICAL TREATMENT

221. Green, Wallace

Importance of rest in the treatment of early convalescent poliomyelitis. Am. J. Diseases of Children. Jan., 1952. 33:1:4-7.

This paper, based on the author's daily supervision and observation of over 200 patients in the early convalescent stage of poliomyelitis during an epidemic in North Carolina in 1948 when he served as orthopedic surgeon, minimizes the value of any specific form of active therapy and emphasizes the importance of bed rest. Too early ambulation often resulted in decreased muscle power and the development of a pathological gait.

PROSTHESES

222. Hahn, Mannel

Spare parts for human beings. Today's Health. Feb., 1952. 30:2:24-25, 67.

The story of the Prosthetic Clinic at the University of Illinois Medical Center in Chicago and how it is helping to restore self-confidence in those deformed by disease or accident.

PSYCHOLOGICAL TESTS

223. Cruickshank, William M.

The effect of physical disability on personal aspiration. Quarterly J. Child Behavior. July, 1951. 3:3:323-333. Reprint.

In this article further examination of the problem of physical handicaps and their impact on the child's personal adjustment have been made. As in the fields of self concepts with regard to social adjustment in the family, with their peers, and society, the physically disabled express a wish to compensate for the limited scope of behavior imposed upon them and demonstrate a marked drive for acceptance. Their goals, aspirations, and ambitions are influenced by the fact of their disabilities. A Projective Sentence Completion Test of 45 incompleted sentences was administered to 265 handicapped children in six major cities of the United States and the results compared with those obtained from a similar group of non-handicapped children.

224. Fielding, Benjamin Blumenfeld

A "story completion" for use with the physically handicapped. J. Projective Techniques. 1951. 15:3:299-306. Reprint.

"The Story Completion is a projective technique which was used by the writer in a study of 'Attitudes and Aspects of Adjustments of the Orthopedically Handicapped Woman' (an unpublished Doctoral project, Teachers College, Columbia University, 1950). It was evolved after many experiences and interviews with the physically handicapped, and was prepared for a special group of those who have orthopedic defects. The following discussion will deal mainly with what the Story Completion consists of and the role of the instrument in exploring the acceptance of disability and attitudes toward self and others...." Information of this sort is highly valuable in counseling the physically handicapped since it not only gives attitudes toward the acceptance of the disability but discloses feelings toward friends, family, school, vocation, wishes and aspirations.

PSYCHOLOGY

225. Brown, Lillian Penn

Personality characteristics of exceptional children and of their mothers, by Lillian Penn Brown (and others). Elementary School J. Jan., 1952. 52:5:286-290.

"The purpose of this study was two-fold: to determine personality resemblance, if any, of the child to his mother and to determine significant deviations, if any, of the characteristics of exceptional children from the norm and also deviations of their mothers...." Thirty-one exceptional children and their parents, part of a summer clinic group at the State Teachers College, Glassboro, New Jersey, were the subjects tested by the California Test of Personality. They had been referred to the clinic because of educational retardation or an individual physical or emotional handicap so severe that the child was unable to attend regular public school. It was found that the test offered a means of interesting parents in study groups and self-evaluation and a challenge to them to improve the total personality adjustment of the child.

226. Cruickshank, William M.

The relation of physical disability to fear and guilt feelings. Child Development. Dec., 1951. 22:4:291-298. Reprint.

PSYCHOLOGY (Continued)

The Projective Sentence Test, composed of 45 sentences geared to evaluate the self-concepts of adolescent children in several areas of life adjustment, was administered to 264 physically handicapped children in six centers in the United States and to a similar group of non-handicapped adolescent children residing in communities with a social and economic background comparable to those of the handicapped. Results of this study, dealing with fear and guilt situations, are analyzed and tabulated. The author concludes that results illustrate that children with various types of orthopedic, cardiac, and neurological handicaps see themselves as having more fears and guilt feelings than do children of normal physical characteristics. Such feelings have a direct impact on the less satisfactory social adjustment the handicapped feel they are making.

PUBLIC WELFARE AND PRIVATE AGENCY RELATIONS

227. Clunk, Joseph F.

Thoughts on agency cooperation--public plus private. New Outlook for the Blind. Dec., 1951. 45:10:281-285.

Pennsylvania has been making an effort to appraise agencies working for the blind, in an attempt to eradicate duplication. A state-wide meeting at Lancaster, October 12-13, 1951, discussed the problem frankly. This paper was chosen by the Outlook to state the positions of public and private agencies. The private agency serves the community and demonstrates the need for services; the Federal agencies can provide leadership, funds, and recognition, evaluative surveys, uniform standards of operation and training courses for personnel.

READING

228. Bender, Laretta

Graphic art as a special ability in children with a reading disability, by Laretta Bender and Paul Schilder. Med. Women's J. Sept.-Oct., 1951. 58:5:11-18.

A discussion of reading difficulty in children with defect in the ~~motor-visual~~ field and how it can affect their adjustment emotionally and socially. Often a compensating ability in art work increases self-confidence so that the reading difficulty can be accepted and remedial work begun.

REHABILITATION

229. Covalt, Nila Kirpatrick

Completed medicine--rehabilitation. J. Am. Med. Women's Assn. Jan., 1952. 7:1:9-13, 40.

Advances in medicine keep more people alive today and living to an older age but too little time and thought are given to teaching the patient with a chronic illness, amputation, paralysis, or cardiac condition to learn to care for himself to the best of his ability. The achievement of physical independence is important in restoring self-confidence and self-respect, the author feels. Illustrated are devices for training the patient in self-care and a daily living activities chart, for evaluating functional self-care.

230. Keeler, K. C.

Evaluation and rehabilitation of 116 handicapped welfare clients, by K. C. Keeler and Sylvia Greenfield, Chronic Illness News Letter. Jan., 1952. 3:1.

REHABILITATION (Continued)

A description of the pilot study begun in October, 1948, by the New York City Commissioner of Welfare in cooperation with the Department of Physical Medicine and Rehabilitation of New York University-Bellevue Medical Center. A sample of 116 handicapped persons was selected from the available employment files in each of five of the sixteen welfare centers through which public assistance is administered in New York City; they were chosen because they appeared to have a disability which was correctible and so could profit from rehabilitation. Results are discussed and services planned for the future.

See also 250.

REHABILITATION—PERSONNEL

See 238; 246.

REHABILITATION CENTERS—GREAT BRITAIN

231. Newell, H. H.

The role of industry in the field of rehabilitation. Rehabilitation. Dec., 1951. 3:8-10.

The Rehabilitation Shop at Vauxhall Motors, Ltd., in England, is well known internationally for its work with the injured or handicapped; the author, Rehabilitation Superintendent, outlines the purposes and important factors in the operation of the plan. The Shop is a small engineering production workshop in which the equipment is designed and manufactured for remedial exercise purposes. Through weekly group consultations between medical personnel in the hospital and rehabilitation personnel within the industry, the gap between time of injury and the ultimate return to work is lessened.

RHEUMATIC FEVER

232. Toubib, Robert

Crippled hearts. Today's Health. Feb., 1952. 30:2:18-19, 52-53.

A doctor's experience when rheumatic fever struck his eight year old daughter, and how, with careful nursing and prompt care, she recovered from a disease which cripples thousands of people every year.

RHEUMATIC FEVER—PROGRAMS—MICHIGAN

233. De Vel, Leon

Some observations on the rheumatic fever control program of the Michigan State Medical Society. J. Michigan State Med. Society. Dec., 1951. 50:12:1410-1415.

The Rheumatic Fever Control Program of the Michigan State Medical Society was conceived and approved by the Society in 1945; this article is an account of its objectives, scope, fundamental principles and how it is financed and implemented. Diagnostic and consultation centers have been established in a number of cities in the state; they constitute the control core of the project. Their purpose and work is briefly described. Statistical observations of interest in the study of rheumatic fever are given; these were obtained from examinations of the records of 614 admissions to two Diagnostic and Consultation Clinics.

This entire issue of the Journal is devoted to articles on rheumatic fever.

SCHOOL BUILDINGS

See 191.

SHELTERED WORKSHOPS

234. Miller, Howard E.

The sheltered workshop as a community project, (a paper presented at the Convention of the National Rehabilitation Association in Los Angeles, Oct. 23, 1951). Los Angeles, Crippled Children's Society of Los Angeles County, (1951). 6 p. Mimeo.

Summarized are some of the specific problems found to be a part of the process of initiating, organizing, and operating a sheltered workshop. The author recommends a preliminary survey be made of the community in which the shop is to be located, to determine the need for type of work and the personnel available. Also discussed are the physical plant, supervisory personnel, standards and procedures of admission, types of work to be done, accounting and financing, and the handling of workers' problems.

Available from the author at the Crippled Children's Society of Los Angeles County, 325 W. Adams Blvd., Los Angeles 7, California.

SHELTERED WORKSHOPS—GREAT BRITAIN

235. Kennedy, T. F.

The sheltered workshop. Rehabilitation. Dec., 1951. 3:20-23.

"Rempoy, a non-profit-distributing Company established under the Disabled Persons (Employment) Act of 1944, provides sheltered employment for the seriously disabled...." The Principal Medical Officer gives here an analysis of the 87 Rempoy factories in operation in England, employing a total of 5,310 disabled persons, including 249 women. Also included in the plan are 134 homeworkers. Figures are given on terminations and causes. Such aspects as medical arrangements, special provisions for the tuberculous, social activities, the variety of trades in operation, and the problem of the unemployable are discussed briefly.

SHELTERED WORKSHOPS—ADMINISTRATION

236. New York. Industrial Home for the Blind.

Principles and procedures governing the payment of wages to clients employed in the workshops. New York, The Home (1950?). n. p.

A handbook outlining pay rates for homeworkers, hospitalization insurance, hourly rates for trained and untrained workers, minimum rates, overtime, piece rates, public assistance, tax exemption, wage supplements, hours, and the relation of the Welfare Department to clients of the shops of the Industrial Home for the Blind.

Distributed by the Industrial Home for the Blind, 520 Gates Ave., Brooklyn 16, N. Y.

SOCIAL SERVICE

See 248; 249.

SPECIAL EDUCATION—ILLINOIS

237. Illinois. Chicago Public Schools.

Special education in the Chicago public schools. Chicago, The Schools, 1951. 116 p.

The Chicago Board of Education's program of special education includes classes for the hard of hearing and deaf, sight saving and Braille divisions, speech correction services, physical improvement centers, hospital and home instruction, social adjustment schools, and numerous divisions for the mentally handicapped. Specific information on policies and procedures, administration and organization, objectives, building facilities and equipment, problems of transportation and public relations, and teacher qualifications is given briefly for the guidance of the administrator or supervisor, principal and teacher, medical and social agencies. A directory of schools, high schools, and centers for the deaf, sight saving and Braille groups, and the mentally retarded concludes the booklet.

SPECIAL EDUCATION—ILLINOIS (Continued)

Available from the Chicago Public Schools, 228 N. LaSalle St., Chicago 1, Illinois.

SPEECH CORRECTION

238. Backus, Ollie

Collaboration among psychiatrists, pediatricians, clinical psychologists and speech therapists. Nervous Child. 1952. 9:3:242-256.

Regions of shared activities of the psychiatrist, the pediatrician, the clinical psychologist and speech therapist are discussed in this article. Three aspects are explored: 1) the idea that "...each field should share with the others at the level of theory, i.e., the subject matter of each should stem from a common scientific base; 2) each should have a knowledge of the working principles of the other specialities; 3) each should share with the others an area at the level of clinical practice...." The author describes the contributions of speech therapy for children with disordered speech—the learning of social skills and the developing of wholesome attitudes towards self and the group, the acquiring of independence and the elimination of conflicts. Intercommunication between all four specialists benefits the child's welfare as a whole person.

SPEECH CORRECTION—ADMINISTRATION

239. Yauch, Wilbur A.

The role of a speech correctionist in the public school. Exceptional Children. Jan., 1952. 18:4:97-101.

The program of speech correction, for the best interests of the child, must be cooperatively planned and shared. The classroom teacher needs an understanding of the work done by the speech correctionist; administrative and supervisory set-up in public schools needs to be reorganized to include the principal and teachers in planning a speech correction program. A school relations plan is offered, in this article, to the speech correctionist by which closer cooperation of principals and teachers can be enlisted.

SPINA BIFIDA

240. Fisher, Robert G.

Spina bifida and cranium bifidum: study of 530 cases, by Robert G. Fisher, Alfred Uihlein and Haddow M. Keith. Proceedings, Staff Meetings Mayo Clinic. Jan. 16, 1952. 27:2:33-38.

"This report is based on a study of 471 cases of spina bifida and 59 cases of cranium bifidum. These 530 cases were observed at the Clinic in a period of thirty-six years. The results of our study do not warrant any definite conclusion regarding the optimal time for performing an operation in cases of spina bifida or cranium bifidum...." In 312 case follow-ups, data were obtained for from two to forty years after the patients were dismissed. Given were statistics on age and sex, associated congenital anomalies, family history, signs and symptoms, diagnosis and site of sac, treatment and results.

STATE SERVICES—WASHINGTON

241. (Washington. Crippled Children's Services)

Services to crippled children. Seattle, The Services, 1951. 15 p.

A brief descriptive pamphlet concerning the program of the Department of Health of the State of Washington for providing services to crippled children. Eligibility for service, location of clinics, the planning of treatment, provisions for surgery and hospitalization and other services are given. In cooperation with the State Department of Education, the Department of Health also has developed special programs in the field of cerebral palsy and for the conservation of hearing. The Rheumatic Fever program was begun several years ago as a demonstration of the benefits of a complete care program. Splendid cooperation between voluntary agencies,

STATE SERVICES--WASHINGTON (Continued)

tax-supported programs, state educational institutions, and hospitals supported by voluntary contributions have made the Crippled Children's Services in Washington efficient and well-rounded.

Distributed by the Maternal and Child Health and Crippled Children's Section, Washington State Department of Health, 1412 Smith Tower, Seattle 4, Washington.

VETERANS (DISABLED)--SPECIAL EDUCATION

242. Friedland, Fritz

Introduction to problems of education therapy, by Fritz Friedland and Reuben J. Margolin. Archives Physical Medicine. Jan., 1952. 33:1:20-27.

"An attempt has been made to introduce some of the major problems of education therapy. The diversional, therapeutic and vocational aspects of education therapy have been discussed and its relationship to adult education has been emphasized. It is recognized that in this paper some of the problems of education therapy have been mentioned briefly and should be further elaborated. It is planned to clarify and define all the important problems in subsequent articles. It is hoped that education therapy has been demonstrated to be feasible as well as desirable in all hospitals and is not limited to Veterans Administration and military hospitals."
--Summary.

VINELAND SOCIAL MATURITY TEST

243. Hollinshead, Merrill T.

Patterns of social competence in older mental retardates. Am. J. Mental Deficiency. Jan., 1952. 56:3:603-608.

Progress reports on Experimental Form A of the Vineland Social Maturity Scale which appeared in 1935 indicate its usefulness as a research tool and an aid in psychological classification of children. The writer has used the Scale extensively in refining educational classifications within a group of mentally retarded children in special classes and schools of Newark, N. J. Questions have arisen concerning the practicability of the Scale from the point of view of administration and scoring. "...The purpose of this paper is to record the writer's subjective impressions regarding the Scale, and to offer objective data with respect to the relationship between social maturity and one aspect of environmental incentive...."

244. Rain, Margaret E.

Development of social maturity in familial and non-familial mentally deficient children. Training School Bul. Jan., 1952. 48:9:177-185.

"The present study was conducted to test the hypothesis that non-familial mentally deficient children develop in social maturity at a slower rate than do familial defectives. A further hypothesis was tested, i.e., that the difference in social maturity between the two groups of children is due largely to the inferiority of the non-familial children in the area of self-supervision under free or unstructured situations...." The Vineland Maturity Scale was used to test those hypotheses; records of 31 non-familial children, were paired for chronological and mental ages. Results and their implications for home and school training are discussed.

VOCATIONAL EDUCATION

See 170.

VOCATIONAL GUIDANCE

245. Bamber, Laurence

Point the way; nine steps in counseling; a handbook for counselors. St. Louis, St. Louis Chapter, The American Red Cross, c1951. 39 p. Mimeo.

VOCATIONAL GUIDANCE (Continued)

The counseling service of the St. Louis Chapter was established in 1924 to meet the needs of the physically handicapped and was broadened in 1937 to serve all groups, including civilians and veterans, the emotionally and physically handicapped and the able bodied. The counselling process described here has been developed as a staff project since 1943 and was organized in 9 steps and compiled as a manual for field work students and staff. Includes bibliography and selected form.

Available from the St. Louis Chapter, American National Red Cross, 3424 Cambridge Ave., Maplewood 17, Mo., at \$1.00 a copy.

VOLUNTEER WORKERS

246. Pennsylvania. Health and Welfare Council. Council on Volunteers.

Volunteers in rehabilitation programs. Philadelphia, The Council (1951). 6 p. Mimeo.

"This study is in no way a full survey of the volunteer jobs in the total field of rehabilitation. It is merely an attempt to look into the possible opportunities and needs for volunteers on a basis of the work already being accomplished in other cities and in the Philadelphia agencies. Since the study came as a follow-up of the recently published survey, A Community Plan for Rehabilitation, made by Miss Clare S. Spackman, the committee limited itself to a study of the handicaps which Miss Spackman had covered in her survey...." Services to the blind, deaf, and handicapped (hospitalized, homebound, and ambulatory) were analyzed for the possible expanded use of volunteers in existing programs or for new job opportunities.

Available from the Council on Volunteers, Health and Welfare Council, 413 Commercial Trust Bldg., Philadelphia 2, Pennsylvania.

WALKING

247. Hoberman, Morton

Rehabilitation techniques with braces and crutches: III, by Morton Hoberman and Erbert F. Cicenla. Occupational Therapy and Rehabilitation. Dec., 1951. 30:6:377-383.

"...In this paper, various accepted methods of ascending and descending stairs without handrails will be discussed and analyzed. These methods are primarily for paraplegic-type patients having normal strength of the upper extremities and trunk. However, with some variation these methods can be modified for patients having more involved residual physical disabilities. The descriptions are reinforced by helpful illustrations...." Daily living activity methods and techniques are described.

New Books Briefly Noted

NATIONAL CONFERENCE OF SOCIAL WORK--PROCEEDINGS--1951

248. National Conference of Social Work

Selected papers in group work and community organization, presented at the 78th Annual Meeting, May 13-18, 1951, Atlantic City, N. J. Columbus, The Conference, c1951. 144 p. \$1.25 a copy. Paperbound.

Contents: Applying new knowledge about group behavior, Ronald Lippit.-Utilizing new knowledge about individual behavior in work with groups in the leisure time setting, Alexander R. Martin.-Services to individuals within a group work setting, Rosemary Reynolds.-Discussion of services to individuals within a group work setting, Hazel Osborn.-Discussion of services to individuals within a group work setting, Lester Schaeffer.-Similarities and differences between group work and group therapy, Gisela Konopka.-How can we interpret group work to the public in these times? Mrs. Wm. Treuhart.-Implications of Detroit Job Load Study for professional practice, Laura Ault.-What has group work to offer the institutions, Gisela Konopka.-How does the public look upon social agencies in time of defense mobilization and preparation for war?, Robert E. Bondy.-Special needs of

NATIONAL CONFERENCE OF SOCIAL WORK—PROCEEDINGS—1951 (Continued)

congested communities, Chas. Odell.—Racial tension in new areas, Dr. Warren Banner.—Community planning for industrial expansion, Gerald Breeze.—Two-pronged approach to community planning, Edward D. Lynde.—The interrelatedness of community-wide and district planning of health and welfare services, Robert Neal.—Service accounting and its role in the community, Esther Moore.—National resources for local planning for the aging, Geneva Mathiasen.—Rallying community forces in planning for the aging, Lucia Bing.—The role of health services in community planning for children and youth, Dr. Samuel M. Wishik.—Private agency focus in rehabilitation, Lawrence Linck.

249. National Conference on Social work.

Selected papers in casework, presented at the 78th Annual Meeting, May 13-18, 1951, Atlantic City, N. J. Columbus, The Conference, c1951. 176 p. \$1.25. Paperbound.

Contents: Maximum use of casework service in a period of mobilization, Jeannette Hanford.—Education for responsible parenthood, Grace Mayberg.—Marital counseling in a family service agency, Eleanor A. Moore.—Homemaker service as a method of serving children, Margaret Fitzsimmons.—Homemaker service for older persons, Frances Preston.—A home care medical program to meet the needs of individuals and families, Virginia Insley.—Constructive aspects of public assistance for children, Crystal M. Potter and Amelia M. Igel.—Current emphases in casework in public agencies in rural areas, Mary B. Calvert.—Meeting the mental health needs of children in school today: Psychiatric implications for the practice of school social work, Jules V. Coleman, M.D.—Casework today in a psychiatric setting, Myron John Rockmore.—Casework services today in a hospital setting, Mary L. Hemmy.—Casework services today in institutions for delinquent children, Norman V. Lourie.—Discussion of casework services today in institutions for delinquents, Alan Keith-Lucas.—The delinquent—his education, J. Donald Coldren.—The use of foster homes in the care of unmarried mothers, Dorothy Hutchinson.—Casework methods and psychological techniques in selection of adoption applicants, Verne A. Weed.—Long-time temporary placement of children, Mary E. Lewis.—An evaluation of differentiated caseloads, Margaret G. Muller.—Fees for social welfare services: Interpretation of agency policy, Frances T. Levinson.

REHABILITATION

250. Krusen, Frank H., ed.

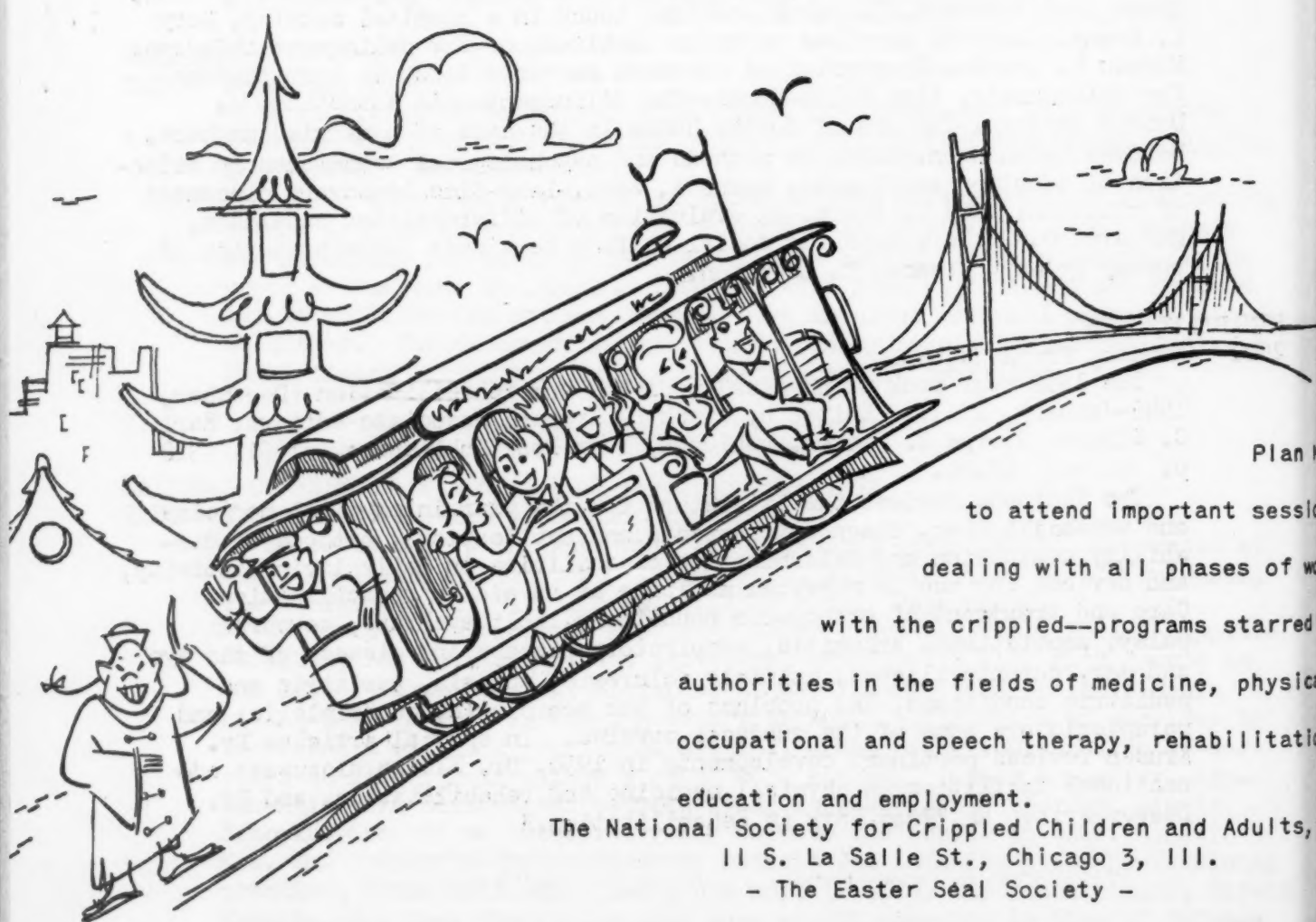
The 1950 year book of physical medicine and rehabilitation (December, 1949-January, 1951). Edited by Frank H. Krusen; associate editors, Earl C. Elkins, George G. Deaver. Chicago, Year Book Publishers, c1951. 328 p. illus. \$5.00.

The Yearbook reviews the literature for the year in physical medicine and rehabilitation, diagnostic aspects and applications, methods of disability evaluation and determination of abilities in daily living activity, and devices for use in physical medicine as an aid in rehabilitation. Care and treatment of orthopedic conditions, poliomyelitis, cerebral palsy, amputations, arthritis, respiratory disease and disease of the eye and ear, chronic illness, multiple sclerosis, aphasia, geriatric and pediatric conditions, and problems of the hemiplegic, quadriplegic, and paraplegic are some of the subjects covered. In special articles Dr. Krusen reviews pertinent developments in 1950, Dr. Elkins discusses educational facilities in physical medicine and rehabilitation, and Dr. Deaver writes on "Team Work in Rehabilitation."

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